

# PATENT COOPERATION TREATY

# PCT

From the  
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

To:

Botti, Mario  
BOTTI & FERRARI S.R.L.  
Via Locatelli, 5  
I-20124 Milano  
ITALIE

7002 NEG 91

## NOTIFICATION OF TRANSMITTAL OF INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Rule 71.1)

Date of mailing  
(day/month/year)

14/01/2004

Applicant's or agent's file reference  
CIS001BWO

### IMPORTANT NOTIFICATION

International application No.

PCT/EP03/04115

International filing date (day/month/year)

22/04/2003

Priority date (day/month/year)

19/04/2002

Applicant

CISCAL S.P.A. et al.

1. The applicant is hereby notified that this International Preliminary Examining Authority transmits herewith the international preliminary examination report and its annexes, if any, established on the international application.
2. A copy of the report and its annexes, if any, is being transmitted to the International Bureau for communication to all the elected Offices.
3. Where required by any of the elected Offices, the International Bureau will prepare an English translation of the report (but not of any annexes) and will transmit such translation to those Offices.
4. **REMINDER**

The applicant must enter the national phase before each elected Office by performing certain acts (filing translations and paying national fees) within 30 months from the priority date (or later in some Offices)(Article 39(1))(see also the reminder sent by the International Bureau with Form PCT/IB/301).

Where a translation of the international application must be furnished to an elected Office, that translation must contain a translation of any annexes to the international preliminary examination report. It is the applicant's responsibility to prepare and furnish such translation directly to each elected Office concerned.

For further details on the applicable time limits and requirements of the elected Offices, see Volume II of the PCT Applicant's Guide.

The applicant's attention is drawn to Article 33(5), which provides that the criteria of novelty, inventive step and industrial applicability described in Article 33(2) to (4) merely serve the purposes of international preliminary examination and that "any Contracting State may apply additional or different criteria for the purposes of deciding whether, in that State, the claimed inventions is patentable or not" (see also Article 27(5)). Such additional criteria may relate, for example, to exemptions from patentability, requirements for enabling disclosure, clarity and support for the claims.

Name and mailing address of the IPEA/



European Patent Office  
D-80298 Munich  
Tel. (+49-89) 2399-0, Tx: 523656 epmu d  
Fax: (+49-89) 2399-4465

Authorized officer

Michael Wicha

HENKE-HOUST-H-G-J

Tel. (+49-89) 2399-2828 7781



The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below.

IPEA/ \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
Applicant's or agent's file reference CIS001BWO	
International application No. PCT/EP03/04115	International filing date (day/month/year) 22-04-2003 (Earliest) Priority date (day/month/year) 19-04-2002
Title of invention Method for scale manufacturing a series of shoe shapes distributed on a series of sizes starting from a base shape and shoe shape so obtained.	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  CISCAL S.p.A. Via della Meccanica, 29 I-37139 Verona Italy	
Telephone No	
Facsimile No.	
Teleprinter No	
Applicant's registration No. with the Office	
State (that is, country) of nationality: Italy	State (that is, country) of residence: Italy
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  CREMASCHI Armido Via Brodolini, 2 I-25028 Verolanuova (Brescia) Italy	
State (that is, country) of nationality: Italy	State (that is, country) of residence: Italy
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  MERIGO Flavio Via Villa Arrighi, 1 I-37030 Mizzole (Verona) Italy	
State (that is, country) of nationality: Italy	State (that is, country) of residence: Italy
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Sheet No. 2

International application No.  
PCT/EP03/04115

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative  
and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation)*  
*The address must include postal code and name of country.)*

BOTTI Mario  
BOTTI & FERRARI S.r.l.  
Via Locatelli, 5  
I-20124 Milano  
Italy

Telephone No.

+39 02 6704275

Facsimile No.

+39 02 6703250

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**

Statement concerning amendments:\*

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed

☐ as amended under Article 34

the claims ☒ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☐ as amended under Article 34

the drawings ☒ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69 1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Sheet No. 3

International application No  
PCT/EP03/04115

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |   |   |   |        |
|---|---|---|--------|
| 1 | translation of international application                              | : | sheets |
| 2 | amendments under Article 34   | : | sheets |
| 3 | copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4 | copy (or, where required, translation) of statement under Article 19  | : | sheets |
| 5 | letter  | : | sheets |
| 6 | other (specify)   | : | sheets |

For International Preliminary Examining Authority use only

received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

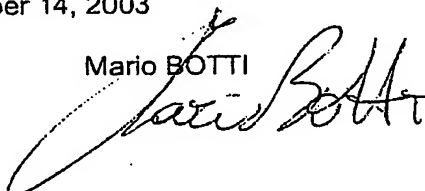
- |   |  |
|---|--|
| 1 <input checked="" type="checkbox"/> fee calculation sheet                             | 5 <input type="checkbox"/> statement explaining lack of signature                        |
| 2 <input type="checkbox"/> original separate power of attorney                          | 6 <input type="checkbox"/> sequence listings in computer readable form                   |
| 3 <input type="checkbox"/> original general power of attorney                           | 7 <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4 <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8 <input type="checkbox"/> other (specify):  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)

Milan, November 14, 2003

Mario BOTTI



For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3 ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.

4 ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5

5 ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

#### Annex to the Demand

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">International application No</td><td>PCT/EP03/04115</td></tr><tr><td>Applicant's or agent's file reference</td><td>CIS001BWO</td></tr></table>	International application No	PCT/EP03/04115	Applicant's or agent's file reference	CIS001BWO	<div style="border: 1px solid black; padding: 5px; text-align: center;">For International Preliminary Examining Authority use only</div> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>												
International application No	PCT/EP03/04115																
Applicant's or agent's file reference	CIS001BWO																
Applicant CISCAL S.p.A. et al.																	
<b>CALCULATION OF PRESCRIBED FEES</b>  <table style="width: 100%;"><tr><td style="width: 40%;">1 Preliminary examination fee</td><td style="width: 20%; text-align: right;">1530</td><td style="width: 10%; text-align: center;">P</td><td style="width: 30%;"></td></tr><tr><td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i>)</td><td style="text-align: right;">159</td><td style="text-align: center;">H</td><td></td></tr><tr><td>3 Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</td><td colspan="3" style="text-align: right; border: 1px solid black; padding: 5px;">1689</td></tr><tr><td></td><td colspan="3" style="text-align: center; border: 1px solid black; padding: 5px;">TOTAL</td></tr></table>		1 Preliminary examination fee	1530	P		2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i> )	159	H		3 Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	1689				TOTAL		
1 Preliminary examination fee	1530	P															
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i> )	159	H															
3 Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	1689																
	TOTAL																
<b>MODE OF PAYMENT</b> <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td><td><input type="checkbox"/> cash</td></tr><tr><td><input type="checkbox"/> cheque</td><td><input type="checkbox"/> revenue stamps</td></tr><tr><td><input type="checkbox"/> postal money order</td><td><input type="checkbox"/> coupons</td></tr><tr><td><input type="checkbox"/> bank draft</td><td><input type="checkbox"/> other (specify):</td></tr></table>		<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):								
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash																
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps																
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons																
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):																
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i> <table style="width: 100%;"><tr><td style="width: 45%; vertical-align: top;"><input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.  <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above</td><td style="width: 55%; vertical-align: top;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">IPEA/ EPO</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Deposit Account No : 28070103</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date: November 14, 2003</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name: Mario BOTTI</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature: </div></td></tr></table>		<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.  <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">IPEA/ EPO</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Deposit Account No : 28070103</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date: November 14, 2003</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name: Mario BOTTI</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature: </div>														
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.  <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">IPEA/ EPO</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Deposit Account No : 28070103</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date: November 14, 2003</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name: Mario BOTTI</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature: </div>																